

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45100

STATE FILE NUMBER

FILED JAN 9 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 511

1. PLACE OF DEATH a. COUNTY <u>MARION</u> b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN <u>HANNIBAL</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LEVERING HOSP</u> Length of stay in lb <u>2 Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u> c. CITY OR TOWN <u>HANNIBAL</u> 0648 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>1706 DARR</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>LAWRENCE RAYMOND WILLIAMS</u>				4. DATE OF DEATH Month Day Year <u>12-31-57</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 29, 1926</u> 31	
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEAT CUTTER</u>		11. BIRTHPLACE (City and state or country) <u>HANNIBAL, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>LAWRENCE H. WILLIAMS</u>				14. MOTHER'S MAIDEN NAME <u>ELSIE MAE THOMAS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>HANNIBAL, Mo.</u> <u>MRS. JANET MEFFORD WILLIAMS</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized lympho-sarcoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anemia, ascities & Plural effusion massive</u> DUE TO (c) <u>Emaciation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 months</u> <u>5 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct. 23, 1957</u> to <u>Dec. 31, 1957</u> and last saw her alive on <u>Dec. 31, 1957</u> Death occurred at <u>5:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Van Canella M.D.</u> (Degree or title) M/ D				22b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>		22c. DATE SIGNED <u>1-4-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-2-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GRANDVIEW BURIAL PK.</u>		23d. LOCATION (City, town, or county) (State) <u>HANNIBAL, Mo.</u>	
24. FUNERAL DIRECTOR <u>Jack Shewartz - Hannibal, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-4-57</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> By <u>W. C. Fisher</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 8 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4900

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.